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Valvular Heart Disease

The Role of Cardiac Catheterization in Preoperative Evaluation

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ACQUIRED VALVULAR HEART DISEASE is gradually entering the category of surgically correctible cardiac lesions. Recent strides in the development of surgical techniques for valvular repair suggest that the time may be near when a comprehensive cardiac valvuloplastic operation will be feasible. At present, however, the only operation that has been generally accepted and shown to give satisfactory results with low mortality rate is the correction of mitral stenosis by finger fracture or valvulotomy. The excellent results that may follow such an operation have been attested by clinical observations on large series of patients with mitral stenosis. However, it remained for the quantitative circulatory studies by means of cardiac catheterization to show conclusively the dramatic improvement in circulatory dynamics that may occur after operation, thereby satisfying skeptics that the clinical improvement is not due to prolonged bed rest and nonsurgical or extracardiac influences.

Thus, cardiac catheterization plays a major role in the assessment of operations on the heart. Its main value, however, lies in permitting the collection of hemodynamic data in a research laboratory in series of cases rather than its use as a diagnostic procedure in an individual case. This is largely due to the fact that in left sided valvular lesions cardiac catheteriza-

• Cardiac catheterization studies performed in research laboratories showed that advanced mitral stenosis is associated with a characteristic dynamic pattern which is reversible by mitral valvulotomy. In the process of the selection of patients for mitral valvulotomy, occasionally there are instances in which a decision cannot be reached on the basis of ordinary clinical methods of examination. In some such cases cardiac catheterization may be of decisive value by demonstrating, or by failing to demonstrate, the dynamic pattern of mitral stenosis. Cases in which this diagnostic procedure is most often helpful are those of mild mitral stenosis and those in which there are combined valvular defects.

tion provides only inferential information and not direct diagnostic details which are so helpful in congenital cardiac defects affecting the right heart. The purpose of this discussion is to present briefly the contribution of cardiac catheterization to the diagnosis of left sided lesions, and to cite specific instances in which such a method may help to decide whether operation is indicated in an individual case.

The comprehensive catheterization study necessary for the assessment of valvular cardiac lesions can only be performed in a fully equipped research laboratory. It should be done in a condition as close to a basal state as possible, with preparations similar

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EDITORIAL

Closed Panel Medicine and the Law

ON JULY 9, 1954, the California Supreme Court announced its decision in the case of Complete Service Bureau against the San Diego County Medical Society. The judges were divided, five in favor of Complete Service Bureau and two in favor of the Society. The written opinion handed down by the majority creates brand new law in the field of closed panel prepaid medical care. It overrules *sub silentio* the court's own prior decisions holding that a corporation may not hire physicians, dentists or lawyers and then sell their services to the general public on a contract basis and by means of advertising or solicitation.

Complete Service Bureau was incorporated in 1939 as a "non-profit" corporation by a layman, W. D. Parmer. He immediately entered into a long-term management contract with the Bureau under which he was given complete control over its operations and, as his "take," a percentage of the gross receipts (25 per cent). Several years later and without the payment by him of any money, he acquired a majority stock interest in a "for-profit" corporation which owns the land, building and equipment occupied by Complete Service Bureau.

After Parmer's acquisition of control of the landlord corporation, Complete Service Bureau paid ten per cent of its gross receipts to the landlord corporation, presumably as "rental." Throughout its history Complete Service Bureau has maintained a staff of salesmen on a commission basis and has solicited the general public to purchase its contracts by door-to-door selling, direct mail literature and newspaper and radio advertising. Its contract requires the subscriber to pay \$2.50 per month, for which the subscriber is entitled to limited hospitalization at the expense of the Bureau, and physicians' services from the physicians of the Bureau at a fixed fee schedule. The fee schedule is quite low, ranging from one

dollar for a follow-up office visit to a maximum of ninety-five dollars for major surgical operation. However, all subscribers pay cash at the time of service. The Bureau employs ten full-time salaried physicians.

The Supreme Court, reversing a contrary decision of the District Court of Appeal, held that the corporation could legally engage in a medical service plan and supply medical services through salaried physicians as long as there was no public admission of interference by the corporation or its lay managers with the actual diagnosis, prescriptions or treatment of patients. The provisions of the Medical Practice Act, prohibiting advertising, fee splitting and the use of solicitors (cappers or steerers) were shrugged aside. As to advertisement, the court did not believe that any of the Bureau's methods were misleading. On the subject of fee splitting, the court said: "It is customary for medical groups to pay rent, employ business managers and compensate members on a unit basis." Solicitation, the court said, is prohibited to individual physicians, but not to medical service groups, "since," said the court, "the public is being solicited to join the group and not for any particular practitioner!"

The two dissenting justices vigorously argue that the Bureau and its manager, Parmer, were intervening in the practice of medicine for the personal benefit of Parmer and that "arrangements of this type have been consistently condemned." The dissenting justices also pointed out that Parmer's percentage arrangement necessarily constituted illegal fee splitting and that the case, as a whole, was one of unlawful practice of medicine.

In the course of the majority opinion the court repeatedly explains away Parmer's ownership and control by characterizing him as merely a business manager and by comparing Complete Service Bureau with medical groups composed entirely of phy-